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Estresse e estratégias de enfrentamento em trabalhadores de enfermagem de uma unidade de saúde da família

Stress and coping strategies in workers of nursing of a family health unit

Estrés y estrategias de afrontamiento en trabajadores de enfermería una unidad de la salud de la familia

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ABSTRACT

Objective: Identify in the vision of nursing workers, factors that generate stress in units of family health and discuss the strategies adopted by the nursing workers to minimize the stress. **Methods:** A descriptive study with a qualitative approach. Interviews with nurses and nursing technicians in Family Health Unity were held. **Results:** Among the factors that cause stress at work are: overhead activities; poor working conditions; short periods to perform activities; adversarial relationship. Coping strategies used are social support, family life, and leisure activities. **Conclusion:** Respondents identify the factors or situations that can trigger stress and also reported using coping mechanism to minimize stress at work.

Descriptors: Stress, Family health, Occupational health.

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RESUMO

Objetivo: Identificar, na visão do trabalhador de enfermagem, os fatores desencadeantes de estresse em unidades de saúde da família e discutir as estratégias adotadas para minimizar o estresse. **Métodos:** Pesquisa descritiva, com abordagem qualitativa. Foram realizadas entrevistas com enfermeiros e técnicos de enfermagem da Unidade de Saúde da Família. **Resultados:** Dentre os fatores desencadeantes de estresse no trabalho, destacam-se: sobrecarga de atividades; condições de trabalho precárias; prazos curtos para realizar as atividades; relação conflituosa. As estratégias de enfrentamento utilizadas são apoio social; convívio familiar e atividades de lazer. **Conclusão:** Os pesquisados identificam os fatores ou situações que podem desencadear o estresse e, também, relatam utilização de mecanismo de enfrentamento para minimizar o estresse no trabalho. **Descritores:** Estresse, Saúde da família, Saúde do trabalhador.

RESUMEN

Objetivo: Identificar la visión de los trabajadores de enfermería, los factores desencadenantes de estrés en las unidades de salud de la familia y discutir las estrategias adoptadas por el personal de enfermería para minimizar el estrés. **Métodos:** Estudio descriptivo con un enfoque cualitativo. Se realizaron entrevistas con enfermeras y técnicos de enfermería lotados en la Unidad de Salud Familiar. **Resultados:** Entre los factores que causan estrés en el trabajo son: actividades generales; instalaciones de trabajo precario; períodos cortos para realizar actividades; relación de adversarios. Estrategias de afrontamiento utilizadas son el apoyo social; tempo em família y de actividades recreativas. **Conclusión:** El investigados identificar los factores o situaciones que pueden desencadenar el estrés y también reportados utilizando mecanismo de defensa para minimizar el estrés en el trabajo. **Descriptores:** Estrés, Salud de la familia, Salud ocupacional.

INTRODUCTION

Stress is a highly addressed subject that occupies a prominent place in every means of communication. It is a theme of repercussion both at the popular level and in the scientific literature.

In several studies, definitions of stress are found as a state in which unusual detrition of the human body and/or reduction of the workability occurrence generated by the inability of the individual to adapt, to accept or to overcome in a certain period of time the psychological requirements found in their living environment. It is observed in all age groups and is generally relevant to the life aspects of human beings.¹

Stress is characterized by a psychophysiological process in which are involved the stressor, the interpretation of the subject to such a situation and the reaction of the organism to this interpretation. In this way, the stressor evaluation will depend on the individual, their experiences and possible resources for their confrontation.²

The coping mechanism, as a response to stress, corresponds to the cognitive and behavioral forces directed to meet external or internal demands that are exceeding or overburdening the individual's resources.³

These mechanisms or strategies are used to soften, eliminate, change the situation or event causing disruption (directed to the problem) and to regulate the emotional response to the stressful episode (emotion-driven). If coping is appropriate, stress can be reduced and appropriate to the moment; otherwise, it may escalate the level of stress considering the interpretation of the situation.³⁻⁴

The Family Health Program, founded in 1994, today named Family Health Strategy (FHS), proposed to change the care model in primary care, in the logic of health surveillance, and incorporated the basic principles of the Unified Health System.⁴

Among its aims, the FHS wants to reorganize the practice of care, focused on promotion, protection and recovery of health in an integral and continuous way, the attention is centered on the family, perceived in its social and physical environment. Thus, enable the Family Health teams an expanded understanding of the health/illness process and the need for interventions that do not stop only in the curative practices of the traditional model of care.⁵

This assistance model conjectures that there should be involvement of the family health teams and the population of the territory of its scope, creating a bond between family and team. In this work the team must have maturity, personal and professional development to face the diverse situations of their daily life reality.⁶

In addition, the professionals of this care model are exposed to these communities reality, usually with rare resources to meet the demands, and also dealing with some failures in the health care network, directly interfering with the resolution of the proposed actions.⁷

This type of strategy requires the professional to spend energy and adaptation to deal with direct contact with reality, yearnings, and afflictions, as well as knowing how to establish an interpersonal relationship with others. Daily situations added to the individual characteristics of each worker can lead to stress.⁶

This theme is considered relevant because of its complexity, since when stress is present in workers, it can cause injuries and damages to the individual health.

Given this situation, this study had the aim to identify, in the view of the nursing worker, the factors that trigger stress in family health units; and discuss the strategies adopted by nursing workers to minimize stress.

METHODS

It is a descriptive research with a qualitative approach. The present study was developed in a Family Health Unit (FHU), located in a program area, in the city of Rio de Janeiro, which shelters seven Family Health Strategy teams.

The research participants were the nurses and nursing technicians. The inclusion criteria were that the worker had to be in the Family Health Unit for at least six months and

exclusion criteria were workers that were on vacation or leave at the time of the interview.

To collect data, a semi-structured and individual interview script was used as a tool to establish the sociodemographic profile and to identify the expressions of stressors and self-reported cope mechanisms.

Data were collected in December 2013, after authorization by the Management of the Family Health Unit of SMS-RJ and approvals in the Committees of Ethics in Research of the Higher Education Institution through Resolution No 293.986/2013 and SMSDC-RJ through Resolution No 181A/2013.

For the analysis of the interviews, the following procedures were adopted: reading and re-reading the interviews in order to locate the significant speeches; mapping of speech content; classification of contents in two thematic axes: factors that trigger stress at work and strategies to cope the stressful situations.

RESULTS

The Family Health Unit investigated consists of seven teams of the Family Health Strategy, with seven nurses and 10 nursing technicians. During the data collection period, a nurse and a nursing technique were on maternity leave, making up a total of 15 members of the nursing team.

Five nurses and four nursing technicians participated in the study, which is a total of nine (60%) members of the team, with a predominance of eight women (89%), the average age of 42 years, minimum three and a maximum of 20 years of work in the Health Unit.

In order to identify the expressions of stressors, the study participants were asked if they considered their work activity to be stressful and, if so, what factors and situations attributed this assertion.

After reading and analyzing the interviews, they were grouped according to the most mentioned stressful situations.

Figure 1 – Description of mentioned stressful situations. Rio de Janeiro, 2013

Stressful Situations
Activity overload/high demand
Precarious working conditions (space/equipment)
Responsibilities/goals to be met
Short deadlines for carrying out activities
Conflict relationship (team/user)
Others (low remuneration, lack of recognition)

Next, they were asked if they used a mechanism to cope or minimize these stressors.

Figure 2 – Description of confronting mechanisms. Rio de Janeiro, 2013

Confronting Mechanisms
Social support (family/friends)
Others (<i>facebook</i> , dancing, walking, sleeping)

DISCUSSION

In the thematic axis “Factors that trigger stress at work”, it is identified in the participants’ discourses that some work activities/situations experienced by them lead to stress, among which the following are highlighted: Activity overload/high demand; Precarious working conditions (space/equipment); Responsibilities/goals to be met; Short deadlines for carrying out activities; Conflict relationship (team/user); Low pay; Lack of recognition, perceived in the following testimonies:

“[...] A lot of factors, we are few for this big population, we never have value, we are always being very pushed, nobody has a word of praise for the least we do. Many duties, few rights, we have neither health plan, little money, and many duties.” (E1)

“When you are very pushed and do not always give you conditions to carry out the activities and also when the bosses pester you for some interurrences with lying, ignorant and totally impolite patients.” (E9)

It is evidenced that, in relation to the questioning of the work activity as a stressor agent, in a large part of the responses work overload and the great demand are an aggravating factor for the development of stress, because, to these professionals in their daily activities are assigned multiple, and sometimes fatiguing tasks with a high degree of responsibilities and demands. Among the duties of the nurse are: to coordinate their team, be involved in the diagnosis, treatment, and prevention of the disease; Dealing with the lack of resources, transportation, financial and material conditions. Thus, there is an overload of activities that can cause physical and/or mental exhaustion.⁸⁻⁹

The professional inserted in an exhausting work space, being pushed and meeting a demand beyond its possibilities, becomes an inherent part of an exhausting environment with a deficit in its quality of work, as can be seen in the following testimonies:

“Having to think about meeting goals at the expense of quality of care, with short deadlines and extra demands on services... lack of space and substandard accommodations for teams such as air conditioning that does not work with this intense heat.” (E3)

"I work on what I like and feel fulfilled by this, but the demand of the team is very high, it is a lot of work and, sometimes, to do it as it should be, a lot of service by spontaneous demand and due to the increase in demand, the work gets a little impaired." (E5)

Another item to be questioned is the precarious working conditions (space/equipment) and the worker exposed to an inappropriate work environment tends to develop signs of stress, having a detrimental effect on the professional performance and may compromise the quality of the work process. And in this model of health care, they are subject to the reality of these communities in which resources are scarce to meet the difficult demands. The FHS components often also face unhealthy, dangerous, and health-threatening environments, which adds to the pressures and demands of their own work and favors the development of work-related illnesses.^{7,9}

It can be considered as a stressor and/or risk factor for stress in daily work, the insufficient time spent on the activities to be carried out caused by the designation of many tasks with short deadlines for their execution.¹⁰

One of the consensus factors in the literature that is associated with stress reactions are relationships at work, the difficult relation with the boss, colleagues, subordinates, and even clients.¹¹

Health professionals deal with the complex demands of the users they attend, thus subjecting themselves to stressors related to the interpersonal relationship at work that can come from attending the non-collaborative or very anxious user, the user's dissatisfaction with the treatment received, treatment of complex cases with unfavorable prognosis, dissatisfaction with the result of a completed treatment, care of users with chronic diseases, and difficulty in relationship with work colleagues, which can trigger intense emotional exhaustion, reduction of job satisfaction and difficulties to deal with users in a humanized way.¹¹

Several studies show the dissatisfaction of workers in the Family Health Strategy regarding their remuneration, low wages and the lack of professional recognition by both users and work/management colleagues.⁸

The pressure and goals to be fulfilled were considered too as a source of illness since it means increasing the workload, consuming more physical and mental forces.⁸

There is a consensus of indicators between the Ministry of Health and municipalities, through the Pact for Health, sometimes making work in the FHS imposed. However, when performing the tasks, the worker face a discrepancy between what is requested and the practice, considered as the real work. Thus, finding themselves in a dilemma to create methods to take care of what is prescribed to them, but not always successful, what causes serious emotional exhaustion since they take responsibility for the health system and forget that problem are often more complex, ranging from labor-management issues.⁸

Regarding the thematic axis - Strategies to confront with stressful situations: those investigated reported that they use social support; Family/friends and leisure/sports activities, as described in the testimonies:

"I dance, check facebook to refresh my head [...] you can see a little of my revolt, if it were not my co-workers, I do not think I could take it." (E1)

"Social support, complain and talk to other colleagues, make service groups to minimize tensions." (E7)

"Social networking, family, and friends support, walking to ease the workload." (E8)

Individuals tend to develop copes when adjusting the various circumstances through strategies and the expenditure of energy to deal with stress.

Coping methods are designated as direct patterns when they are related to the use of problem-solving skills, involving the subject in a certain action that meets the demand in some way and indirect patterns when they cover tactics that do not modify the demands in reality but changing the way in which the person goes through the demand (palliative confronting).¹²

Palliative cope patterns are used so that the individual can adjust by giving him/her time to demand change or to be able to work out a direct cope using strategies that include mechanisms of denial, repression, isolation or escape.¹² We can perceive this type of confrontation in the following speech:

"When it is very tumultuous, I get up, go out a little, drink some water, breathe and come back [...]" (E2)

In order for the organism to produce sufficient energy to prevent the evolution of stress, it is necessary to have stimuli for it, that is, to experience situations that help it to cope with the stressors and stress itself, which are known as mechanisms of coping. Therefore, to be effective it is necessary that joint actions be implemented both at the individual and organizational levels. Thus, the organism will be able to deal with daily pressures preventing them from becoming occupational stress.¹³

Also, different factors of coping recorded in a study can support the found ones, such as withdrawal - where the individual avoids confronting the threat, not changing the situation. Denying the fact to oneself or not taking into account what other people said and social support is related to the support found in people and the environment, which is a positive psychosocial factor that can help deal with the unwanted effect of stress and response to the disease.¹⁴

The quality of life of individuals is linked to adequate working conditions, such as: environment, organization, food, transportation, interpersonal relationship and salary.

During the course of his/her activities, the individual is subject to certain situations that can lead to emotional exhaustion, contributing to stress, affecting his quality of life and the development of his work.

It is fundamental to elaborate organizational and individual strategies of intervention (training and supervision of professionals) and also the insertion of new practices that increase the quality of life of professionals, such as: healthier eating habits; Sleep quality care; Practice of regular physical exercises; Search for quality in interpersonal relationships; Reorganization of time; Establishing priorities, minimizing damages to their health and improving the quality of life at work, reflecting the quality of services provided.

CONCLUSION

The study demonstrates that the nursing professionals of the Family Health Strategy of the city of Rio de Janeiro consider themselves stressed and identify factors related to the development of their work as situations that can trigger this stress.

Although they recognize it, these factors are inherent in their daily work, which makes them part of their daily lives, so they need to learn how to cope and how to develop coping ways to improve overall working conditions. It was possible to realize that they use the social support be it friends, family or even co-workers as scape method.

Thus, it is necessary to establish, in addition to the aforementioned means, joint actions between the worker and the work environment, so this can be strengthened and such strategies help them to create coping mechanisms.

These results evidenced the need for intervention in order to offer greater support to these workers to improve the working conditions, whose activities are aimed at promoting and recovering the health of others.

It is important to emphasize the relevance of the theme because stress can sometimes be beneficial and serve as an impetus during various life situations of these professionals, however, when levels exceed acceptable limits according to the individual characteristics of each person, it can become harmful and cause health problems.

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